**EAST TENNESSEE STATE UNIVERSITY**

**COLLEGE OF NURSING**

**Preceptor Professional Profile Form**

**Nurse Practitioner Program**

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| PRECEPTOR INFORMATION |

First Name: Middle Initial Last Name

Preferred mode of contact: Email address

Telephone

Fax

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| --- |
| SITE INFORMATION |

Site Name

Street Address

City State Zip County

|  |
| --- |
| EDUCATION/LICENSURE/EXPERIENCE |

Education: Degree School Year

Degree School Year

Degree School Year

Licensure: Professional License Number State Expiration Date

Professional License Number State Expiration Date

Certification: Professional Certification Number State

Expiration Date

Professional Certification Number State

Expiration Date

Experience: Years of experience in current position

Years of overall experience in the role

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| PATIENT POPULATION |

Types of patients seen at your Percent of time your practice Average number of each

clinical site (check all that apply) serves each patient type patient type seen per day

Children % patients/day

Adolescent % patients/day

Women % patients/day

Adult % patients/day

Older Adult % patients/day

\*Please include a business card, if available

10/4/2012